

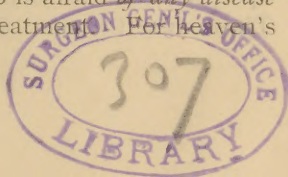
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Extracted from *The Medical Register*
April 30, 1887

THE PROPHYLAXIS OF DIPHTHERIA.

BY LLEWELLYN ELIOT, M.D.

IN view of the recent deaths of Drs. Newton and E. L. Andrews, and cases of diphtheria among physicians, mentioned in *The Medical Record* and *The Journal of the American Medical Association*, I do not feel that any apology is needed for presenting a means of lessening the contagiousness of this disease. It is not claimed that the means advocated will prevent the spread of diphtheria absolutely and entirely, nor that the same successful results which I have had will follow in the hands of others, but it is urged that the method is worthy of trial and will not conflict with *any* course of treatment adopted. I do not believe in covering the nose and mouth with a handkerchief, nor the strapping on of a respirator charged with disinfectants, as I think these things are as entirely out of place, as was the conduct of some of the volunteer nurses to the yellow-fever districts, in carrying a large sponge saturated with carbolic acid solution before the mouth, before reaching the infected localities. The practice of medicine is surrounded by dangers: erysipelas, diphtheria, syphilis, variola, pyæmia, scarlatina, and so on through the entire category of contagious diseases, and any one engaged in medicine who is afraid of *any* disease should refuse to attempt its treatment. For heaven's



sake let him find some other employment, and not go among his patients—trembling in his boots—inhalng the vapors of noxious drugs. Patients expect physicians to be above the petty fears of the laity.

When called to a case of diphtheria, or one which has a suspicious appearance, in addition to ordering calomel, iron, chlorate of potash, and insufflations of washed sulphur, I direct a dish of oil of turpentine to be placed upon the stove over a water-bath and the vapor allowed to saturate the air of the sick-room; of course, if any of the disagreeable effects of the vapor should follow use it more sparingly: there is but little danger of its catching fire if attention is paid to it. This has been my practice for some time, and in every case where I have employed it no other case has developed. To illustrate the apparent immunity which it affords let me cite two experiences out of many.

On January 31st, 1886, I circumcised a child two years of age. On the fifth day following diphtheritic inflammation attacked the penis: the throat soon became involved. The usual remedies which I have mentioned were ordered in addition to the vapor of turpentine; this vaporization was carried out so faithfully that the air of the entire house was saturated. Being the only child, the parents and the grandparents were constantly in the room; the mother against my protestation, as she frequently suffered from ulcerative pharyngitis. This case recovered and was the only one developed in the house. Early in 1886 I was called to perform tracheotomy upon two children living a few miles out of the city. These were the most horrible cases of diphtheria I

have ever seen. The physician in attendance had treated them most faithfully, even spraying the throat and nares with a solution of bromo-chloralum every half hour. Substituting insufflations of sulphur for the bromo-chloralum and ordering the vapor of turpentine, I left to return at 10.45 the same evening. At the second visit, as the cases were no worse, it was decided to postpone surgical interference. Morning showed much improvement. The surroundings of these children were encouraging in the extreme. Living in four rooms the two families had free access to their sick, while, in addition, one mother had with her a nursing baby of two months. Both of these cases recovered after a long convalescence, but no other case developed.

These, to my mind, show the very good results following the use of turpentine as I have directed, and any physician or surgeon could attend and operate upon any case did he surround himself and his patient with its vapor. Let us have no shields, respirators, handkerchiefs, or such like, but an air saturated with turpentine. This will apply most forcibly to those cases requiring tracheotomy or intubation.

Washington, D. C., April 4th, 1887.

